| `<br>~~~~~~  |             |   |                |                    |               | /                            | 96        | 32,            | 127                    |  |
|--|-------------|---|----------------|--------------------|---------------|------------------------------|-----------|----------------|------------------------|--|
|  |             |   |                |                    |               | Application or Docket Number |           |                |                        |  |
| PATENT APPLICATIO  | SD          | _   |                |                    |               |                              |           |                |                        |  |
| Effective January 1, 2003  |             |   |                |                    |               | 921207-96547                 |           |                |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |             |   |                |                    | SMALI<br>TYPE | ENTITY                       | OR        | OTHER<br>SMALL |                        |  |
| TOTAL CLAIMS   | 16          |   |                |                    | RAT           | E FEE                        |           | RATE           | FEE                    |  |
| FOR NUMBER FIL   |             | FOLEO                                       | D NUMBER EXTRA |                    | BASIC         | FEE 375.0                    | 20 OR     | BASIC FEE      | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |             | minus 20=                                   |                | . 1)               |               | 3                            | OR        | X\$18=         |                        |  |
| INDEPENDENT CLAIMS   | 3 minus 3 = |   | n              |                    | X42=          |                              | $\exists$ | <b></b>        |                        |  |
| MULTIPLE DEPENDENT CLAIM P   | RESENT      | SENT  |                |                    |               |                              |           | A64=           |                        |  |
| * If the difference in column 1 is less than account                     |             |   | 901 1:0        | +140=              |               |                              | OR        | +280=          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |             |   |                |                    | TOTA          | L                            | OR        | TOTAL          | 700                    |  |
| CLAIMS AS AMENDED PART II (Column 1) (Column 2) (Column 3)               |             |   |                |                    | SMA           | LL ENTIT                     | Y OR      | OTHER<br>SMALL |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT  Total • 17  Independent • 3            |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                | PRESENT<br>EXTRA   | RATI          | ADD<br>TION                  | AL        | RATE           | ADDI-<br>TIONAL<br>FEE |  |
| Total . 17   | Minus       | 2   | 0              | ۵ /                | X\$ 9         | •                            | OR        | X\$18=         |                        |  |
| Independent • 3  | Minus       | ***   | >              | =/                 | X42:          |                              | OR        | X84=           |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |             |   |                |                    | +140          |                              | 7         | +280=          |                        |  |
|  |             |   |                |                    | TO            |                              | OR        | TOTAL          |                        |  |
| 11-26 - 04<br>(Column 1) (Column 2) (Column 3)                           |             |   |                |                    | ADDIT. F      |                              | JOR       | ADDIT. FEE     | L                      |  |
| CLAIMS   |             | HIGH  | EST            | (Column 3)         |               | ADD                          |           |                | 4001                   |  |
| REMAINING AFTER AMENDMENT  Total  Independent  Total                     |             | PREVIO<br>PAID                              | DUSLY          | PRESENT<br>. EXTRA | RATI          |                              | AT        | RATE           | ADDI-<br>TIONAL<br>FEE |  |
| Total • //   | Minus .     | -2  | 0              | - /                | X\$ 9         | =                            | OR        | X\$18=         |                        |  |
| FIRST PRESENTATION OF M  | Minus       | ***   | 3              | ·/                 | X42           | ,                            | OR        | X84=           |                        |  |
| TO WHO I THE SERVICE OF MA   | OCHPLE DEP  | CNDENT                                      | COAIM          | <del>/</del>       | +140          |                              | OB        | +280=          |                        |  |
|  |             |   |                |                    | TOT           |                              |           | TOTAL          |                        |  |
| (Column 1)   |             | (Colum                                      | no 21          | (Column 3)         | ADDIT, F      | EE <b>L</b>                  |           | ADDIT. FEE     | L                      |  |
| CLAIMS   |             | HIGH  | EST            |                    |               | ADDI                         |           |                | ACC                    |  |
| REMAINING AFTER AMENDMENT  Total  Independent                            |             | PREVIO<br>PAID I                            | DUSLY          | PRESENT<br>EXTRA   | RATE          |                              | IL.       | RATE           | ADDI-<br>TIONAL<br>FEE |  |
| Total •  | Minus       | -2  | 0              | - ()               | X\$ 9         |                              | OR        | X\$18=         |                        |  |
| Independent   • 7  | Minus       |   |                |                    |               |                              |           |                |                        |  |

OR

+280=

TOTAL ADDIT. FEE

+140=

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

OR

ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.